INUIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST - DECISIONS AND VOTING State Form 55860 (R / 10-15) OFFICE OF THE INSPECTOR GENERAL IC 4-2-6-9

DEC 2 8 2022

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In accordance with IC 4-2-6-9, you must file days after the conduct that gives rise to the agency appointing authority and ethics offic General's website.	e conflict. You must also includ	de a.copy.c	of the notification provi	ided to your					
Name (last) Helnsman	Name (first) Joe		Name (middle)						
Name of office or agency		Job title	······································						
Indiana Department of Homeland Security			Commission Member						
Address of office (number and street) 302 West Washington Street, Room E-208		City Indianapolls		ZIP code 46204					
Office telephone number	Office e-mail address (required)								
(317) 232-2222	buildingcommission@dhs.in.c	n _i gov							
Describe the conflict of interest; I serve as a member of the Fire Prevention	and Building Safety Commiss	ion ("Comr	nission"). I am employ	red by Lynch,					
Hamison & Brumleve ("LHB") which is a structural engineering design firm. At the December 6, 2022 Commission meeting,									
variance requests were presented for three	projects of which LHB is a cor	isultant/de	signer. Those matters.	*****					
were 22-09-40 which was a mixed use variance request in the Broad Ripple, Indianapolis area, 22-12-36 which was									
a variance request for Madison Community Development in Greenwood and 22-12-46, 49, 50, 51, and 52 which was a									
variance request for the District at Latimer Square in Bloomington.									
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) I attended the meeting electronically. When the variances were discussed, I turned off my microphone and camera so I							
could not be seen or heard or have any Influence on the proceedings. I did not vote on any of these matters.							
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AFFIRMATION							
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.							
Signature of state officer, employee or special state appointee  Date signed (month, day, year)							
Printed full name of state officer, employee or special state appointee.  Joseph L. Heins man							
FOR ETHICS OFFICER USE ONLY							
Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.							
Signature of ethics officer    Date signed (month, day, year)   [2-2/3-27]							
Printed full name of ethics officer  KCISTI Shutc							

## Baker, Nathaniel P

From:

Shute, Kristi

Sent:

Wednesday, December 28, 2022 1:15 PM

To: Cc: Thacker, Joel Joe Heinsman

Subject:

Conflict of Interest-Decisions and Voting Disclosure-Joe Heinsman

Attachments:

Decisions and Voting disclosure-Heinsman, Joe.pdf

Good afternoon Executive Director Thacker,

To be in compliance with IC 4-2-6-9 a special state appointee who identifies a potential conflict of interest must notify their appointing authority and either request an advisory opinion from the State Ethics Commission or file a disclosure statement. Please accept this email as official notification. A copy of the Disclosure Statement is included for your reference. The Disclosure Statement will be filed with the Inspector General's Office later today and I anticipate we will receive a file-stamped copy within a few business days.

Please let me know if you have any questions or need additional information.

Sincerely,

Kristi Shute | Deputy General Counsel and Ethics Officer Indiana Department of Homeland Security 302 W. Washington St., Room E208 Indianapolis, IN 46204

Phone: 317-967-4101 Email: kshute@dhs.in.gov